

HOW DO I GET A CONTRACTORS LICENSE FOR THE CITY OF WICHITA?

The City of Wichita Chapter 18.12.030 License required.

No building permit shall be issued to any contractor who has not first obtained a license or who is delinquent in payment of his annual license fee, or whose license has been suspended or revoked by action of the Board of Code Standards and Appeals (BCSA). It is further unlawful for any person to enter into a contract with another so as to bring himself under classification of a contractor as defined in Section 18.12.010, or to perform any work as a contractor, or any work under a contract, without first having obtained a contractor's license. It is unlawful for any person issued a license as required by Section 18.12.040 through 18.12.106 to contract for any work other than specified by such license, without first being approved for such other work by the BCSA.

18.12.040 Licensing authority. The BCSA, through the Office of Central Inspection, shall issue licenses for the following classes of contractors, and the annual fee shall be as prescribed for each class. All license fees shall be payable annually on or before the first day of each year. Fees shall not be prorated because part of the year has elapsed.

Chapter 18.12.130. The BCSA is hereby authorized to give examinations to determine the qualifications of applicants. A minimum score of 75 percent is required to obtain a license. *The BCSA will accept applicants from other jurisdictions without a separate test provided they have passed the appropriate International Code Council (ICC) formerly International Conference of Building Officials; Thompson-Prometric formerly Block & Associates' or Experiex examination covering the Uniform Building Code with a minimum score of 75 percent. Such applicants shall provide proof of test scores from the jurisdiction where the examination was taken.*

If you are not a licensed contractor and have no testing history, you will need to take one of the following examinations:

ICC Testing Exam #550 – Standard General Contractor – Class A (unlimited)

Exam #551 – Standard Building Contractor – Class B (Commercial & Residential)

Exam #552 – Standard Residential – Class C (Residential & Duplex Only)

Exam #553 – Roofing Only (Does not include siding)

A siding contractor license can be obtained through the Office of Central Inspection by going through the BCSA for approval.

The Office of Central Inspection reciprocates through ICC and Thompson-Prometric.

The cost of the ICC exam is \$100. You can contact ICC at 1-888-422-7233, or email them at www.iccsafe.org/contractor and tell them that you want to take the test for: **Jurisdiction - Wichita, Kansas, Sedgwick County, Unauthorized.**

After you have passed the test, you will be required to obtain a Certificate of Insurance, which needs to be made payable to the Office of Central Inspection, City Hall – 7th Floor, 455 N. Main, Wichita, Kansas 67202. The Certificate of Insurance must be at least \$300,000 for General Liability, for company owned/commercial covered vehicles (if your vehicles are personally owned you can sign a waiver). Worker's Compensation insurance is required stating it is good in the State of Kansas (if you do not have Worker's Compensation and require your sub-contractor to produce a Certificate on Worker's Compensation, then you can sign a waiver for this also).

You are not allowed to advertise or solicit work until you have been issued a license number. A permit must be pulled before you start the job and an inspection is required after completion of the job.

For more information on the cost of the various contractor license or trade licenses you can visit our website or contact our office at (316) 268-4413.
<http://www.wichita.gov/CityOffices/OCI/administration.htm>

CERTIFICATE OF INSURANCE

PRODUCER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A

COMPANY LETTER B

COMPANY LETTER C

COMPANY LETTER D

COMPANY LETTER E

INSURED

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	01CC5838765	5/20/93	5/20/94	GENERAL AGGREGATE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$ 500,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 500,000
					FIRE DAMAGE (Any one fire) \$ 50,000
B	AUTOMOBILE LIABILITY	02CC2664404	5/20/93	5/20/94	MED. EXPENSE (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE \$
A	EXCESS LIABILITY	01WC1751995	5/20/93	5/20/94	EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> STATUTORY LIMITS
					EACH ACCIDENT \$ 100,000
	OTHER				DISEASE-POLICY LIMIT \$ 500,000
					DISEASE-EACH EMPLOYEE \$ 100,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

City of Wichita
Central Insp Division
City Hall, 7th Floor
455 N Main
Wichita, KS 67202

ACORD 25-S (7/80)

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

01110000

APPLICATION FOR CONTRACTOR'S LICENSE

All licenses expire December 31. There is a grace period without penalty through January. No permits will be issued after December 31 unless license and certificate(s) of insurance are renewed. Board Policy on renewals after January 31: February 2X fee, March 3X, April 4X fee, May 5X fee, June 6X fee, July and after - retest.

PROOF OF GENERAL LIABILITY, AUTOMOTIVE LIABILITY AND WORKMAN'S COMPENSATION INSURANCE (CERTIFICATE OF INSURANCE) MUST ACCOMPANY THIS APPLICATION UNLESS OTHERWISE ON FILE.

NEW _____

RENEWAL _____

LICENSE

FEE

_____ **CLASS A General** **\$400.00**
_____ **CLASS B Building** **\$200.00**
_____ **CLASS C Residential** **\$150.00**
_____ **CLASS D**
 Residential Maintenance **\$60.00**

LICENSE

FEE

_____ **Roofing & Siding** **\$60.00**
_____ **Siding** **\$60.00**
_____ **Roofing** **\$60.00**
_____ **Swimming Pool** **\$60.00**
_____ **Wrecking** **\$60.00**
_____ **Fire Sprinkler Installer** **\$60.00**

NAME OF BUSINESS _____

BUSINESS ADDRESS _____ **CITY** _____

STATE _____ **ZIP** _____ - _____ **TELEPHONE (_____)** _____

MAILING ADDRESS (IF DIFFERENT) _____ **CITY** _____

STATE _____ **ZIP** _____ - _____

BUSINESS CONDUCTED AS: INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____ LLC _____

QUALIFIED PERSON WHO PASSED EXAMINATION

NAME

LICENSE

EMAIL

PERSON(S) AUTHORIZED TO OBTAIN PERMITS AND REQUEST INSPECTIONS:

NAME: _____ OFFICE OR POSITION: _____

NAME: _____ OFFICE OR POSITION: _____

NAME: _____ OFFICE OR POSITION: _____

NAME: _____ OFFICE OR POSITION: _____

(PLEASE COMPLETE BACK SIDE)

THE FOLLOWING MUST BE ANSWERED:

1. HAS THE QUALIFIED PERSON BEEN LISTED AS THE QUALIFIED PERSON FOR ANY OTHER COMPANY, PAST OR PRESENT, IN THE CITY OF WICHITA? _____

IF YES LIST COMPANIES _____

List below the full name, title and address of individual owner, all partners or officers. Include the QUALIFIED person for corporate licenses when not an officer in the corporation:

NAME _____ POSITION _____
QUALIFIED PERSON

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ POSITION _____
OFFICER/PARTNER/CO-OWNER

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ POSITION _____
OFFICER/PARTNER/CO-OWNER

ADDRESS _____ CITY _____ STATE _____ ZIP _____

IN SUBMITTING THIS APPLICATION, I (we) understand and agree to see that all construction performed under authorization of my contractor's license is performed to at least the minimum standard of the governing code as adopted by the City of Wichita, Kansas.

I (we) certify that the statements contained herein are true to the best of my (our) knowledge and belief. I (we) understand any falsification of information on this application is justification revocation of a license.

_____ QUALIFIED PERSON (Must be owner or full time employee)	_____ DATE	_____ OFFICER/PARTNER/CO-OWNER	_____ DATE
_____ OFFICER/PARTNER/CO-OWNER	_____ DATE	_____ OFFICER/PARTNER/CO-OWNER	_____ DATE

NOTE: An INDIVIDUAL must sign this application personally. A PARTNERSHIP application must be signed and acknowledged by each member. A CORPORATION application must be signed by an officer of the corporation legally authorized to sign corporation documents. The QUALIFIED PERSON must always sign.

OFFICE USE ONLY

_____ Issue the License

_____ Refuse the License

Date: _____

Approved by: _____